

Form	1040	Department of the Treasury—Internal Revenue Service	1988																																																							
U.S. Individual Income Tax Return																																																										
For the year Jan.–Dec. 31, 1988, or other tax year beginning _____, 1988, ending _____, 19																																																										
Label Use IRS label. Otherwise, please print or type.		OMB No. 1545-0074																																																								
LABEL HERE		Your first name and initial (if joint return, also give spouse's name and initial) Last name Present home address (number, street, and apt. no. or rural route). (If a P.O. Box, see page 6 of Instructions.) City, town or post office, state, and ZIP code																																																								
Presidential Election Campaign		Do you want \$1 to go to this fund? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If joint return, does your spouse want \$1 to go to this fund? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																								
Filing Status Check only one box.		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. _____ 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 7 of Instructions.) If the qualifying person is your child but not your dependent, enter child's name here. _____ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 7 of Instructions.)																																																								
Exemptions (See Instructions on page 8.)		6a <input type="checkbox"/> Yourself If someone (such as your parent) can claim you as a dependent, do not check box 6a. But be sure to check the box on line 33b on page 2. b <input type="checkbox"/> Spouse <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">c Dependents:</th> <th style="width: 10%;">(2) Check if under age 5</th> <th style="width: 15%;">(3) If age 5 or older, dependent's social security number</th> <th style="width: 15%;">(4) Relationship</th> <th style="width: 10%;">(5) No. of months lived in your home in 1988</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr><td>(1) Name (first, initial, and last name)</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>			c Dependents:	(2) Check if under age 5	(3) If age 5 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1988		(1) Name (first, initial, and last name)																																															
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If more than 6 dependents, see Instructions on page 8.		No. of boxes checked on 6a and 6b _____ No. of your children on 6c who: • lived with you _____ • didn't live with you due to divorce or separation _____ No. of other dependents listed on 6c _____ Add numbers entered on lines above ▶ <input type="text"/>																																																								
Income Please attach Copy B of your Forms W-2, W-2G, and W-2P here. If you do not have a W-2, see page 6 of Instructions.		7 Wages, salaries, tips, etc. (attach Form(s) W-2) 7 8a Taxable interest income (also attach Schedule B if over \$400) 8a 8b Tax-exempt interest income (see page 11). DON'T include on line 8a 8b 9 Dividend income (also attach Schedule B if over \$400) 9 10 Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of Instructions 10 11 Alimony received 11 12 Business income or (loss) (attach Schedule C) 12 13 Capital gain or (loss) (attach Schedule D) 13 14 Capital gain distributions not reported on line 13 (see page 11) 14 15 Other gains or (losses) (attach Form 4797) 15 16a Total IRA distributions 16a 16b Taxable amount (see page 11) 16b 17a Total pensions and annuities 17a 17b Taxable amount (see page 12) 17b 18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 18 19 Farm income or (loss) (attach Schedule F) 19 20 Unemployment compensation (insurance) (see page 13) 20 21a Social security benefits (see page 13) 21a b Taxable amount, if any, from the worksheet on page 13 21b 22 Other income (list type and amount—see page 13) 22 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income ▶ 23 24 Reimbursed employee business expenses from Form 2106, line 13 24 25a Your IRA deduction, from applicable worksheet on page 14 or 15 25a b Spouse's IRA deduction, from applicable worksheet on page 14 or 15 25b 26 Self-employed health insurance deduction, from worksheet on page 15 26 27 Keogh retirement plan and self-employed SEP deduction 27 28 Penalty on early withdrawal of savings 28 29 Alimony paid (recipient's last name _____ and social security no. _____) 29 30 Add lines 24 through 29. These are your total adjustments ▶ 30 31 Subtract line 30 from line 23. This is your adjusted gross income. If this line is less than \$18,576 and a child lived with you, see "Earned Income Credit" (line 56) on page 19 of the Instructions. If you want IRS to figure your tax, see page 16 of the Instructions ▶ 31																																																								
Adjusted Gross Income (See Instructions on page 13.)		(See Instructions on page 13.)																																																								

Form 1040 (1988)

Page **2**

Tax Computation	32 Amount from line 31 (adjusted gross income)	32	
	33a Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here 33a		
	b If someone (such as your parent) can claim you as a dependent, check here 33b		
	c If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here 33c		
	34 Enter the larger of: <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> • Your standard deduction (from page 17 of the Instructions), OR • Your itemized deductions (from Schedule A, line 26). If you itemize, attach Schedule A and check here <input type="checkbox"/> </div>	34	
	35 Subtract line 34 from line 32. Enter the result here	35	
	36 Multiply \$1,950 by the total number of exemptions claimed on line 6e	36	
	37 Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero) Caution: If under age 14 and you have more than \$1,000 of investment income, check here <input type="checkbox"/> and see page 17 to see if you have to use Form 8615 to figure your tax.	37	
	38 Enter tax. Check if from: <input type="checkbox"/> Tax Table, <input type="checkbox"/> Tax Rate Schedules, or <input type="checkbox"/> Form 8615	38	
	39 Additional taxes (see page 17). Check if from: <input type="checkbox"/> Form 4970 <input type="checkbox"/> Form 4972	39	
	40 Add lines 38 and 39. Enter the total	40	
Credits (See Instructions on page 18.)	41 Credit for child and dependent care expenses (attach Form 2441) 41 42 Credit for the elderly or the disabled (attach Schedule R) 42 43 Foreign tax credit (attach Form 1116) 43 44 General business credit. Check if from: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Form (specify) 44 45 Credit for prior year minimum tax (attach Form 8801) 45		
	46 Add lines 41 through 45. Enter the total.	46	
	47 Subtract line 46 from line 40. Enter the result (if less than zero, enter zero)	47	
Other Taxes (Including Advance EIC Payments)	48 Self-employment tax (attach Schedule SE) 48 49 Alternative minimum tax (attach Form 6251) 49 50 Recapture taxes (see page 18). Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 50 51 Social security tax on tip income not reported to employer (attach Form 4137) 51 52 Tax on an IRA or a qualified retirement plan (attach Form 5329) 52		
	53 Add lines 47 through 52. This is your total tax	53	
Payments Attach Forms W-2, W-2G, and W-2P to front.	54 Federal income tax withheld (If any is from Form(s) 1099, check <input type="checkbox"/>) 54 55 1988 estimated tax payments and amount applied from 1987 return 55 56 Earned income credit (see page 19) 56 57 Amount paid with Form 4868 (extension request) 57 58 Excess social security tax and RRTA tax withheld (see page 20) 58 59 Credit for Federal tax on fuels (attach Form 4136) 59 60 Regulated investment company credit (attach Form 2439) 60		
	61 Add lines 54 through 60. These are your total payments	61	
Refund or Amount You Owe	62 If line 61 is larger than line 53, enter amount OVERPAID 62 63 Amount of line 62 to be REFUNDED TO YOU 63 64 Amount of line 62 to be applied to your 1989 estimated tax 64 65 If line 53 is larger than line 61, enter AMOUNT YOU OWE . Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1988 Form 1040" on it 65 Check <input type="checkbox"/> if Form 2210 (2210F) is attached. See page 21. Penalty: \$		
Please Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Your signature _____ Date _____ Your occupation _____ Spouse's signature (if joint return, BOTH must sign) _____ Date _____ Spouse's occupation _____		
Paid Preparer's Use Only	Preparer's signature _____ Date _____ Check if self-employed <input type="checkbox"/> Preparer's social security no. _____ Firm's name (or yours if self-employed) and address _____ E.I. No. _____ ZIP code _____		

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